

PTO/SB/81 (08-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/072,247
Filing Date	10/23/2001
First Named Inventor	COOK
Title	RETAINER FOR LARYNGEAL MASK
Art Unit	3743
Examiner Name	PATEL, MITAL
Attorney Docket Number	COOK 8715 C1

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
AHAJI AMOS	46,831

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS				
Address	3810 RITA ELLIOTT COURT				
Address					
City	MISSOURI CITY	State	TX	Zip	77459
Country	U.S.A.				
Telephone	314-494-9571	Fax	281-778-6798		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Daniel J. Cook		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/82 (08-03)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/072,247
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	Attorney Docket Number	COOK 8715 C1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI K AMOS, 46,831				
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Address					
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Name	Daniel J. Cook		
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OR

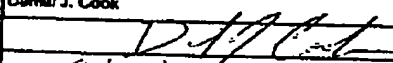
<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI K AMOS, 48,831				
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SIGNATURE of Applicant or Assignee of Record

Name	Daniel J. Cook		
Signature			
Date	9/15/2004		
Telephone	314-644-4169		

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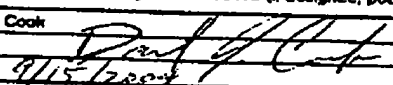
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